E PRICE CITY OF

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MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

3513 CERTIFICATE OF DEATH

1.	PLACE OF DEATH		011	•			
	County SCARE	Registration District No.	<u> </u>		Pile No	y	*******
	Township	Primary Registration Dist	rict No.	772	Registered No	/	
	City Chiffee mo (No.				St. 🐔		(ard)
2.	FULL NAME MASSE MAL	u Lu	thout	<u> </u>		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(a) Parisana No 161271 1 285						
	(Usual place of abode)	_		lf noar) ong in U.S., it at forc	esident give city or t) de-
Le	ngth of residence in city or town where death occurred	—)175. <u>2</u> 22005. —	- 03. 116W H	928 Ft 0.2" Ft St 1046	nga parant yes	що	 =
	PERSONAL AND STATISTICAL PARTICE	JLARS	/ M	IEDICAL CERTII	FICATE OF DEAT	гн	
3.	SEX 4. COLOR OR RACE 5. SINGLE, MA	RRIED, WIDOWED OR	16. DATE OF DEA	TH (MONTH, DAY AND) YEAR) 1- 2'	> -	19 23
1	14 2 1 Ta WORLES	write the word)	17.	· · · · · · · · · · · · · · · ·			
	more white That	min	HEREE		That I attended dece		Manage .
5a.	IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF	<u>,</u>			, to		
	(OR) WIFE OF	<u> </u> 4	at I last saw hatch.	alive on.	120 30	, 19.23.,	end that
	N. N. AJACIAN	111010	eath occurred, on the	date stated above, at.	1.0		
	DATE OF BIRTH (MONTH, DAY AND YEAR)	14/804	THE CAUSE	OF DEATH* WAS A	s FOLLOWS:		
7.	AGE YEARS MONTHS DAYS	li LESS then 1 day,hrs.	Julie	rculos	us		
	53 10 3	ormin.	Clea	nou	blian	01 ×	Tungs
		2 2 M		/	1		
8.	OCCUPATION OF DECEASED	<i>~</i> β	メン : :		······································	/******** **	
(a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer). (c) Name of employer			Lon	1 Junou	(duration)yrs.	,	ds.
			(SECONDARY)				
			.		(duration)yrs.		,.,,.a s.
			18. WHERD WAS DIS	ASE CONTRACTED V			
9. BIRTHPLACE (CITY OR TOWN)			NOT AT PLA	OF DEATHY			
	(STATE OR COUNTRY) Bolly	mo,	X Dun au Comerce	MARRETENE DEATH?	DATE OF		
!	10, NAME OF FATHER 1// ///	6		t			
- 1	Williams 1	Formson	Was these an A	UTOPSY1	<i>T</i>		********
S	11. BIRTHPLACE OF FATHER (CITY OF TOWN)	<i>}</i>	WHAT TEST CONF	FIRMED DIAGNOSIST	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	<i>f</i>	*********
PARENTS	(STATE OR COUNTRY)	moso	(Signed)	7	5000	rary	, M. D
	12. MAIDEN NAME OF MOTHER 18 OF T	Know	1-27.192	3(Address) -B/	affer)	26.	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN)	*State the Dis	PARE CAUSING DEAT	ne, for an deaths from	VIOLENT CAUBES	, state	
	(STATE OR COUNTRY)	no prince	(1) MEANS AND N	VATURE OF INJURY, a verse side for addition	and (2) whether Acc alsoace.)	IDENTAL, SUICII	AL, OF
14.	(V/ - X/1Ph 4-	1/			OR REMOVAL	DATE OF BUF	
	INFORMANT MODELLE COLOR		19. PLACE OF BUI	KIAL, CHEMATION	1 OR REMOVAL		11 714
15.	(Address) 1 Louis V	MA_	Melida	act a Whi	10 c	ノースタ	1923
	1 58 00 16-10-10	quilen 1	20. UNDERTAKER			ADDRESS	
	FILED SELF 1983	REGISTRAR	-90/	19 . 11	الرجيء متركب	6 Back	20 75
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Revised United States Standard Certificate of Death

(Approved by U. S. Consus and American Public Health Association.)

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework or At home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired, 6 yrs.) For persons who have no occupation whatever, write None.

Statement of Cause of Death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report

"Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor". for malignant neoplasma); Measles, Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the causo. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. VIOLENT DEATHS state MEANS OF INJURY and qualify as accidental, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train-accident; Revolver wound of headhomicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus), may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Note.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, crysipelas, meningitis, miscarriage, necrosis, peritonitis, phiebitis, pyemia, septicemia, tetantus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.